

10/550822

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1			
2		1		1		
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50				1		
TOTAL IND.		↓	↓	↓	↓	↓
TOTAL DEP.	←	10	←	10	←	10
TOTAL CLAIMS						

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
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99						
100						
TOTAL IND.		↓	↓	↓	↓	↓
TOTAL DEP.	←		←		←	
TOTAL CLAIMS						

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